ROSTER

Player Name	Age	Home Street Address	City	State	Zip	Home Phone	County	County
Season: Spring Summer Fall	Winter	Day Phone:			1	Email Address:		
Organization/Applicant Name:			_ Team Name	(if multip	e teams):			
Rosters are required for all application	ons. Use of th	his page is not required, but submi	tted rosters mu	st include	all the inf	ormation on this pa	ige.	

	Player Name	Age (under 18 only)	Home Street Address	City	State	Zip	Home Phone	County Resident Yes	County Resident No
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